

Fill in this information to identify your case:

Debtor 1 **TM Garret Schmid**
First Name Middle Name Last Name
Debtor 2 **Carmen Brown Schmid**
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: **NORTHERN DISTRICT OF MISSISSIPPI**
Case number **23-10797**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	Baptist Nonpriority Creditor's Name P.O. Box 745354 Atlanta, GA 30384 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8699 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill	\$62.60
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4.2	Baptist Memorial Hospital DeSoto Nonpriority Creditor's Name c/o MFSI 6555 Quince Rd., Ste 301 Memphis, TN 38119 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$854.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify collection matter
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4.3	BMH Union County Nonpriority Creditor's Name c/o Accounts Receivable Management svc P.O. Box 638 Paris, TN 38242-1567 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6848 \$34.76 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify collection matter
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4.4	ENT Consultants of N. MS. Nonpriority Creditor's Name c/o Tannehill Carmean 829 N. Lamar Blvd, Ste 1 Oxford, MS 38655 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5714 \$143.96 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify collection matter
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4.5	Entergy Services, LLC Nonpriority Creditor's Name c/o Convergent Outsourcing Inc. 80 SW 39th St., Ste. 100 Renton, WA 98057 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6757</u> \$441.43 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>collection matter</u>
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4.6	Family Denistry Nonpriority Creditor's Name Bruce Denney 7125 Getwell Road, S. , Ste 102 Southaven, MS 38672-9007 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2638</u> \$79.80 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>
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4.7	Gastro One Nonpriority Creditor's Name P.O. Box 1000 Dept. #0239 Memphis, TN 38148-0239 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1276</u> \$53.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bill</u>
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4.8

Horn Lake Eye Care

Nonpriority Creditor's Name

**2085 Goodman Road W., Ste 100
Horn Lake, MS 38637**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5962**

\$120.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

4.9

Indigo / Genesis FS Card Services

Nonpriority Creditor's Name

PO Box 4477

Beaverton, OR 97076-4477

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$898.10

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **collection**

4.1

Methodist Lebonheur Healthcare

Nonpriority Creditor's Name

PO Box 2279

Memphis, TN 38101-2279

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0834**

\$538.40

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **medical bill**

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4.1
1

St. Francis Hospital - Bartlett

Nonpriority Creditor's Name
c/o United Collection Bureau Inc.
5620 Southwyck Blvd
Toledo, OH 43614

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4065**

\$412.34

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **collection matter**

4.1
2

The Hertz Corporation

Nonpriority Creditor's Name
P.O. Box 948339
Maitland, FL 32794

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0724**

\$1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **damage to rental**

4.1
3

TrueAccord

Nonpriority Creditor's Name
6011 College Blvd, Suite 130
Lenexa, KS 66219

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **collection matter**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **TM Garret Schmid**
Debtor 2 **Carmen Brown Schmid**

Case number (if known) **23-10797**

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	Total Claim \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>0.00</u>
Total claims from Part 2	6f. Student loans	6f.	Total Claim \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>4,638.39</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>4,638.39</u>

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

IN RE: TM GARRET SCHMID AND
CARMEN BROWN SCHMID, DEBTORS

CASE NO. 23-10797-JDW
CHAPTER 13 BK

TO: Locke D. Barkley
Chapter 13 Trustee
P.O. Box 55829
Jackson, MS 39296

Office of the U. S. Trustee
100 West Capitol Street, Suite 706
Jackson, MS 39269

****Please see creditors listed on attached matrix**

NOTICE TO EACH ADDED CREDITOR, TRUSTEE AND U. S. TRUSTEE

PLEASE TAKE NOTICE that the undersigned debtor(s) has/have filed an amendment to the bankruptcy schedules to add one or more additional creditors, which said amendment lists the creditor noticed hereby as an additional scheduled creditor in the above captioned bankruptcy case.

Within twenty-one (21) days of the date of this notice, the added creditor(s) has the right to request of the U. S. Trustee, McCoy Federal Building, 100 W. Capitol St., Suite 706, Jackson, MS 39269, an adjourned Section 341(a) creditors' meeting (see copy of original meeting notice enclosed) if the added creditor wishes to examine the debtor(s) under oath.

The added creditor(s) has/have the right within sixty (60) days of the date of this notice to file a complaint objecting to the discharge of the debtor(s), or a complaint to determine the dischargeability of a debt, or to file a motion requesting an extension of time to file such a complaint, unless a longer period of time is provided by the Federal Rules of Bankruptcy Procedure.

If this is a CHAPTER 7, 12 OR 13 case and the attached §341 meeting notice contains language "Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So", then, you do not need to file a claim at this time. However, if the notice contains a Proof of Claim deadline, as an added creditor you have 70 days from the date of mailing of this notice to file a Proof of Claim.

If this is a CHAPTER 11 case, you have the right to file a proof of claim by the bar date indicated on the attached §341 meeting notice or 30 days from the date of mailing of this notice, whichever is later.

PLEASE TAKE NOTICE ALSO that the undersigned debtor(s) and/or the debtor(s)' attorney is required to send a copy of the amended schedule to each added creditor, to the case trustee and to the U. S. Trustee.

DATED: 4/26/23

/s/ Timothy R. Angle
TIMOTHY R. ANGLE MSB #9325

CERTIFICATE OF SERVICE

I, Timothy R. Angle, Debtor(s) or Attorney for the above listed Debtor(s), do hereby certify that this date mailed a true and correct copy of the above Notice to Creditor(s), a copy of the §341 meeting notice, and the amended schedule(s) to the affected creditor(s), at the above listed address(es), to the Case Trustee, if applicable, and to the Office of the U. S. Trustee.

This the 26th of April, 2023.

/s/ Timothy R. Angle
Timothy R. Angle

TIMOTHY R. ANGLE MSB #9325
8830 CENTRE ST., SUITE 4
PHONE # 662-816-0683

Baptist
P.O. Box 745354
Atlanta, GA 30384

Baptist Memorial Hospital DeSoto
c/o MFSI
6555 Quince Rd., Ste 301
Memphis, TN 38119

BMH Union County
c/o Accounts Receivable
Management Services
P.O. Box 638
Paris, TN 38242-1567

ENT Consultants of N. MS.
c/o Tannehill Carmean
829 N. Lamar Blvd, Ste 1
Oxford, MS 38655

Entergy Services, LLC
c/o Convergent Outsourcing Inc.
80 SW 39th St., Ste. 100
Renton, WA 98057

Family Dentistry
7125 Getwell Road S., Ste 102
Southaven, MS 38672-9007

Gastro One
P.O. Box 1000
Dept. 0239
Memphis, TN 38148-0239

Horn Lake Eye Care
2085 Goodman Road W., Ste 100
Horn Lake, MS 38637

Indigo/Genesis FS Card Services
P.O. Box 4477
Beaverton, OR 97076-4477

Methodist Lebonheur Healthcare
P.O. Box 2279
Memphis, TN 38101-2279

St. Francis Hospital Bartlett
c/o United Collection Bureau Inc.
5620 Southwyck Blvd
Toledo, OH 43614

The Hertz Corporation
P.O. Box 948339
Maitland, FL 32794

TrueAccord
6011 College Blvd, Suite 130
Lenexa, KS 66219

United States Bankruptcy Court

FOR THE
Northern Dist Of MS Aberdeen Division

Debtor 1: <u>TM GARRET SCHMID</u>	Last 4 digits of Social Security number or ITIN: <u>XXX-XX-2950</u>
	EIN: _____
Debtor 2: <u>CARMEN BROWN SCHMID</u>	Last 4 digits of Social Security number or ITIN: <u>XXX-XX-5262</u>
	EIN: _____
Case Number: <u>23-10797-JDW</u>	Date Case Filed or Converted to Chapter 13: <u>March 15, 2023</u>

Form 3091 (12/15)

NOTICE OF CHAPTER 13 BANKRUPTCY CASE

For the debtors listed above, a case has been filed under chapter 13 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors, the debtors' property, and certain codebtors. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

Confirmation of a chapter 13 plan may result in a discharge. Creditors who assert that the debtors are not entitled to a discharge under 11 U.S.C. § 1328(f) must file a motion objecting to discharge in the bankruptcy clerk's office within the deadline specified in this notice. Creditors who want to have their debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office by the same deadline. (See line 13 below for more information.)

To protect your rights, consult an attorney. All documents filed in this case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in this case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.

	About Debtor 1:	About Debtor 2:
1: Debtor's full name	TM GARRET SCHMID	CARMEN BROWN SCHMID
2: All other names used in the last 8 years		
3: Address	1552 S. MULLINS ROAD HOLLY SPRINGS, MS 38635	If debtor 2 lives at a different address: 1552 S. MULLINS ROAD HOLLY SPRINGS, MS 38635
4: Debtor's attorney Name and Address	BOYD WILSON PLLC PO BOX 1586 GREENVILLE, MS 38702-1586	Contact phone <u>(662) 332-0202</u> Email _____
5: Bankruptcy trustee Name and Address	Locke D. Barkley 6360 I-55 North Suite 140 Jackson, MS 39211-2038	Contact phone <u>(601) 355-6661</u> Email <u>www.barkley13.com</u>
6: Bankruptcy Clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov .	US Bankruptcy Courthouse 703 Hwy 145 North Aberdeen, MS 39730	Hours open _____ Contact phone _____

Form 3091 Page 1

For more information, see page 2

7: Meeting of creditors

Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend.

Creditors may attend, but are not required to do so.

April 26, 2023

Date

at 02:40 PM

Time

Location: **Telephonic Conference**

Phone Number: **866-763-4201**

Participate Passcode: **1354730#**

The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.

8: Deadlines

The bankruptcy clerk's office must receive these documents and any required filing fee by the following deadlines.

Deadline to file a complaint to challenge dischargeability of certain debts:

Filing deadline: June 26, 2023

You must file:

- a motion if you assert that the debtors are not entitled to receive a discharge under U.S.C. § 1328(f), or
- a complaint if you want to have a particular debt excepted from discharge under U.S.C. § 523(a)(2) or (4).

Deadline for all creditors to file a proof of claim (except governmental units):

Filing deadline: May 24, 2023

Deadline for governmental units to file a proof of claim:

Filing deadline: September 11, 2023

Deadlines for filing proof of claim:

A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be obtained at www.uscourts.gov or any bankruptcy clerk's office. If you do not file a proof of claim by the deadline, you might not be paid for your claim. To be paid, you must file a proof of claim even if your claim is listed in the schedules that the debtor filed.

Secured creditors retain rights in their collateral regardless of whether they file a proof of claim.

Filing a proof of claim submits the creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.

Deadline to object to exemptions:

Filing deadline: 30 days after the conclusion of the meeting of creditors

The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.

9: Filing of plan

Miss. Bankr. L.R. 3015-1(d) requires the debtor to serve a copy of the plan and related notice on the Trustee, the US Trustee, and all creditors. The plan may contain a motion for valuation of security and/or a motion to avoid lien. Any objection to the plan or to any motion contained therein shall be in writing and filed with the Clerk of Court on or before May 10, 2023. Objections will be heard on May 23, 2023 at 01:30 PM, Oxford Federal Building, 911 Jackson Avenue, Oxford, MS 38655 unless otherwise ordered by the court. the plan may be confirmed without a hearing.

☒ **The debtor has filed a plan. The plan or a summary of the plan will be sent separately.**

10: Creditors with a foreign address

If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadline in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.

11: Filing a chapter 13 bankruptcy case

Chapter 13 allows an individual with regular income and debts below a specified amount to adjust debts according to a plan. A plan is not effective unless the court confirms it. You may object to confirmation of the plan and appear at the confirmation hearing. A copy of the plan will be sent to you later and the court will send you a notice of the confirmation hearing. The debtor will remain in possession of the property and may continue to operate the business, if any, unless the court orders otherwise.

12: Exempt property

The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors, even if the case is converted to chapter 7. Debtors must file a list of property claimed as exempt. You may inspect that list at the bankruptcy clerk's office or online at www.pacer.gov. If you believe that the law does not authorize an exemption that debtors claimed, you may file an objection by the deadline.

13: Discharge of debts

Confirmation of a chapter 13 plan may result in a discharge of debts, which may include all or part of a debt. However, unless the court orders otherwise, the debts will not be discharged until all payments under the plan are made. A discharge means that creditors may never try to collect the debt from the debtors personally except as provided in the plan. If you want to have a particular debt excepted from discharge under 11 U.S.C. § 523(a)(2) or (4), you must file a complaint and pay the filing fee in the bankruptcy clerk's office by the deadline. If you believe that the debtors are not entitled to a discharge of any of their debts under 11 U.S.C. § 1328(f), you must file a motion. The bankruptcy clerk's office must receive the objection by the deadline to object to exceptions in line 8.

Baptist
P.O. Box 745354
Atlanta, GA 30384

Baptist Memorial Hospital DeSoto
c/o MFSI
6555 Quince Rd., Ste 301
Memphis, TN 38119

BMH Union County
c/o Accounts Receivable
Management Services
P.O. Box 638
Paris, TN 38242-1567

ENT Consultants of N. MS.
c/o Tannehill Carmean
829 N. Lamar Blvd, Ste 1
Oxford, MS 38655

Entergy Services, LLC
c/o Convergent Outsourcing Inc.
80 SW 39th St., Ste. 100
Renton, WA 98057

Family Dentistry
7125 Getwell Road S., Ste 102
Southaven, MS 38672-9007

Gastro One
P.O. Box 1000
Dept. 0239
Memphis, TN 38148-0239

Horn Lake Eye Care
2085 Goodman Road W., Ste 100
Horn Lake, MS 38637

Indigo/Genesis FS Card Services
P.O. Box 4477
Beaverton, OR 97076-4477

Methodist Lebonheur Healthcare
P.O. Box 2279
Memphis, TN 38101-2279

St. Francis Hospital Bartlett
c/o United Collection Bureau Inc.
5620 Southwyck Blvd
Toledo, OH 43614

The Hertz Corporation
P.O. Box 948339
Maitland, FL 32794

TrueAccord
6011 College Blvd, Suite 130
Lenexa, KS 66219